



**REGULAR PARTY COMMITTEE  
STATEMENT OF ORGANIZATION**

State Form 46413 (R4/11-05)  
Indiana Election Commission (IC 3-9-1-3 and IC 3-9-1-4)

(CFA-3)

**PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK.  
SEE INSTRUCTIONS ON REVERSE SIDE.**

**FILE NUMBER**

1. IS THIS AN AMENDMENT? ☐ No ☒ Yes If Yes, please enter the file number in this box →

**SECTION A. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.**

2. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name <i>Libertarian Party of Marion County</i>			3. Acronym or Abbreviated Name (if any) <i>LPMC</i>	
4. Mailing Address (Address where all campaign finance correspondence is received) <input type="checkbox"/> Check if this is a new address <i>133 West Market St #159</i>			5. E-mail Address (Optional) <i>chair@indy1p.org</i>	
6. City <i>Indianapolis</i>	State <i>IN</i>	ZIP Code <i>46204</i>	7. FAX (Optional) <i>( ) -</i>	8. Telephone <i>(317) 410-0066</i>
9. Committee Organization Date (MM-DD-YY) <i>02-12-2000</i>				
10. Is this committee registered with the Federal Election Committee? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No				
11. Type of Regular Party Committee (Check one) <input type="checkbox"/> National <input type="checkbox"/> State <input type="checkbox"/> Congressional District <input checked="" type="checkbox"/> County <input type="checkbox"/> City <input type="checkbox"/> Town				
12. Party Affiliation (Check one) <input type="checkbox"/> Democratic <input checked="" type="checkbox"/> Libertarian <input type="checkbox"/> Republican <input type="checkbox"/> Other _____				
13. Chairperson's Name <input checked="" type="checkbox"/> Check if this is a new chairperson <i>Matt Wittliet</i>			14. E-mail Address (Optional) <i>chair@indy1p.org</i>	
15. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address <i>1353 Malone St Indianapolis IN 46217</i>			16. Telephone (Day) <i>(317) 410-0066</i>	
			17. Telephone (Evening) <i>(317) 410-0066</i>	
18. Treasurer's Name <input type="checkbox"/> Check if this is a new treasurer <i>James Majdak</i>			19. E-mail Address (Optional) <i>treasurer@indy1p.org</i>	
20. Mailing Address <input type="checkbox"/> Check if this is a new address <i>4026 Gandy Lane Indianapolis IN 46254</i>			21. Telephone (Day) <i>(219) 669-5663</i>	
			22. Telephone (Evening) <i>(219) 669-5663</i>	
23. Custodian of Records' Name <input checked="" type="checkbox"/> Check if this is a new custodian <i>Jason Sipe</i>			24. E-mail Address (Optional) <i>secretary@indy1p.org</i>	
25. Mailing Address <input checked="" type="checkbox"/> Check if this is a new address <i>24 North Brandt St Indianapolis IN 46214</i>			26. Telephone (Day) <i>(317) 730-5828</i>	
			27. Telephone (Evening) <i>(317) 730-5828</i>	
28. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) <i>Huntington National Bank, Pay Pal</i>				

**SECTION B. APPOINTMENT OF TREASURER (IC 3-9-1-14)**

29. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee. <i>James Majdak</i>	Person Appointed Treasurer <i>James Majdak</i>	Signature of the Committee Chairperson <i>Matt Wittliet</i>
--	---	--

**SECTION C. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)**

30. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of any other campaign finance committee.

31. Typed or Printed Name of Treasurer <i>James Majdak</i>	Signature of Treasurer <i>[Signature]</i>	Date (MM-DD-YY) <i>04-07-11</i>
---	--	------------------------------------

**SECTION D. CERTIFICATION OF STATEMENT**

I certify that I am the duly appointed Chairperson of the Committee and have examined this statement. To the best of my knowledge and belief it is true, correct and complete.

32. Typed or Printed Name of Chairperson <i>Matt Wittliet</i>	Signature of Chairperson <i>[Signature]</i>	Date (MM-DD-YY) <i>04-07-11</i>
--	--	------------------------------------

**Warning:** Any information contained in this statement may not be copied for sale or used for any commercial purpose. (IC 3-9-4-5) State law requires that any change in this information must be reported within 10 days of the change. (IC 3-9-1-10) A person who knowingly files a fraudulent report commits a Class D felony. (IC 3-14-1-13) A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14) and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

**FOR OFFICE USE ONLY**

*Elizabeth A. White*

APR 11 2011

**FILED**